

<i>SERFF Tracking Number:</i>	<i>FHLA-125765847</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Family Heritage Life Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>39872</i>
<i>Company Tracking Number:</i>	<i>L2ARAPP-R</i>		
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Individual Whole Life</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Family Heritage Life Insurance Company of America

Product Name: Individual Whole Life

SERFF Tr Num: FHLA-125765847 State: ArkansasLH

TOI: L07I Individual Life - Whole

SERFF Status: Closed

State Tr Num: 39872

Sub-TOI: L07I.101 Fixed/Indeterminate
Premium - Single Life

Co Tr Num: L2ARAPP-R

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Kevin Wicktora, Ruth
Campanelli

Disposition Date: 08/11/2008

Date Submitted: 08/07/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 10/16/2007

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/11/2008

State Status Changed: 08/11/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

August 7, 2008

Rosalind Minor

Arkansas Insurance Department

SERFF Tracking Number: FHLA-125765847 State: Arkansas
Filing Company: Family Heritage Life Insurance Company of America State Tracking Number: 39872
Company Tracking Number: L2ARAPP-R
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Individual Whole Life
Project Name/Number: /
1200 West 3rd Street
Little Rock, AR 72201-1904

RE:

Family Heritage Life Insurance Company of America
NAIC # 77968 FEIN # 34-1626521
Application For Whole Life - Form L2AP2-ST

Dear Ms. Minor:

Family Heritage Life Insurance Company of America would like to file the referenced form for approval in Arkansas.

This application is substantially similar to application form L2APP-ST which was approved by the Department on 3/9/2007. The submitted application differs from the previously approved application in the following ways:

Page One of the Application

We have added the following question (question # 8) to the To Be Answered By The Proposed Insured section: "in the past two years, been diagnosed with, treated for, or taken prescription drugs for heart attack, heart disease, or coronary artery disease (not including drugs prescribed for treatment of high blood pressure or high cholesterol)?"

"Heart disease (including heart attack, heart surgery, congestive heart failure, coronary artery disease, or angina)" was previously included in the Listed Health Conditions section of the application but has been removed from the new version.

We have added the following question (question # 2) to the To Be Answered By The Proposed Insured Only If Applying For A Preferred Plan section: "In the past five years, been diagnosed with, treated for or taken prescription drugs for: heart attack, heart disease, or coronary artery disease (not including drugs prescribed for treatment of high blood pressure or high cholesterol)?"

Page Two of the Application

SERFF Tracking Number: FHLA-125765847 State: Arkansas
Filing Company: Family Heritage Life Insurance Company of America State Tracking Number: 39872
Company Tracking Number: L2ARAPP-R
TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life
Product Name: Individual Whole Life
Project Name/Number: /

We have added the following question to the "Other - To Be Answered By The Proposed Insured": Are you a permanent, legal resident of the United States, the United States Protectorates or Canada?

To the best of my knowledge, this filing is complete and intended to comply with the insurance laws of Arkansas.

Included in this filing are the following:

- This cover letter;
- The referenced form;
- A Flesch Certification;
- A Certification of Compliance with Rule & Regulation 19; and
- Copies of previously approved forms we issue to satisfy Rule & Regulation 49 and the Consumer Information Notice requirement.

The \$20.00 filing fee has been remitted via SERFF EFT.

If you have any questions or need additional information, please call 440-922-5134 or e-mail kevin.wicktora@familyheritagelife.com. Thank you for your consideration.

Sincerely,

Kevin Wicktora
Compliance Manager

Company and Contact

Filing Contact Information

Kevin Wicktora, Compliance Manager
6001 East Royalton Road

kevin.wicktora@familyheritagelife.com
(440) 922-5134 [Phone]

SERFF Tracking Number: FHLA-125765847 State: Arkansas
Filing Company: Family Heritage Life Insurance Company of State Tracking Number: 39872
America
Company Tracking Number: L2ARAPP-R
TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single
Life
Product Name: Individual Whole Life
Project Name/Number: /

Cleveland, OH 44147

Filing Company Information

Family Heritage Life Insurance Company of America	CoCode: 77968	State of Domicile: Ohio
6001 East Royalton Road	Group Code:	Company Type: Life & Health
Suite 200		
Cleveland, OH 44147	Group Name:	State ID Number:
(440) 922-5200 ext. [Phone]	FEIN Number: 34-1626521	

SERFF Tracking Number: FHLA-125765847 State: Arkansas
Filing Company: Family Heritage Life Insurance Company of America State Tracking Number: 39872
Company Tracking Number: L2ARAPP-R
TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life
Product Name: Individual Whole Life
Project Name/Number: /

Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation: Other forms filed separately are \$20 for each form.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Family Heritage Life Insurance Company of America	\$20.00	08/07/2008	21841167

SERFF Tracking Number:	FHLA-125765847	State:	Arkansas
Filing Company:	Family Heritage Life Insurance Company of America	State Tracking Number:	39872
Company Tracking Number:	L2ARAPP-R		
TOI:	L07I Individual Life - Whole	Sub-TOI:	L07I.101 Fixed/Indeterminate Premium - Single Life
Product Name:	Individual Whole Life		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	08/11/2008	08/11/2008

<i>SERFF Tracking Number:</i>	<i>FHLA-125765847</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>L2ARAPP-R</i>		
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Individual Whole Life</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 08/11/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FHLA-125765847 State: Arkansas

Filing Company: Family Heritage Life Insurance Company of America State Tracking Number: 39872

Company Tracking Number: L2ARAPP-R

TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life

Product Name: Individual Whole Life

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Application For Whole Life Insurance		Yes

SERFF Tracking Number: FHLA-125765847 State: Arkansas
Filing Company: Family Heritage Life Insurance Company of America State Tracking Number: 39872
Company Tracking Number: L2ARAPP-R
TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life
Product Name: Individual Whole Life
Project Name/Number: /

Form Schedule

Lead Form Number: L2AP2-ST

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	L2AP2-ST	Application/ Enrollment Form Application For Whole Life Insurance	Initial			L2AP2-ST.pdf

FAMILY HERITAGE®

Life Insurance Company Of America



Application For [Heritage First] Whole Life Insurance
Administrative Office: P.O. Box 5128, Frankfort, KY 40602-5128

Proposed Insured Information				
First Name	MI	Maiden Name	Last Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	Birthplace		Height	Current Weight
Phone Number			SSN	
Address		City	County	State Zip Code
Primary Physician's Name		Primary Physician's Address		Primary Physician's Phone Number

Beneficiary Information				
Primary Beneficiary Name		Relationship	SSN	Contingent Beneficiary Name Relationship

Proposed Owner (If other than Proposed Insured)				
First Name	MI	Last Name	SSN	Date of Birth Relationship
Mailing Address		City	County	State Zip Code Phone Number

To Be Answered By The Proposed Insured

Are you currently:

1. confined, or been advised by a medical professional to be confined and not done so, to a hospital or receiving home health care? ☐ YES ☐ NO
2. bedridden or required to receive assistance with any activity of daily living including bathing, dressing, eating, toileting or moving about or do you require an assistive mobility device, or use oxygen to assist in breathing? ☐ YES ☐ NO

Have you:

3. within the past **twelve months**, been confined, or been advised by a medical professional to be confined and not done so, to a psychiatric, nursing, or assisted living facility? ☐ YES ☐ NO
4. **ever** had or been advised by a medical professional to have an organ or tissue transplant? ☐ YES ☐ NO
5. **ever** been advised by a medical professional of any illness indicated as being terminal or been advised by a medical professional of a life expectancy of two years or less? ☐ YES ☐ NO
6. in the past **two years** been diagnosed with, treated for or taken prescription drugs for any of the Listed Health Conditions? ☐ YES ☐ NO
7. ever been diagnosed with AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex), or tested positive for HIV (Human Immunodeficiency Virus)? ☐ YES ☐ NO
8. in the past **two years**, been diagnosed with, treated for, or taken prescription drugs for heart attack, heart disease, or coronary artery disease (not including drugs prescribed for treatment of high blood pressure or high cholesterol)? ☐ YES ☐ NO
9. in the past two years used nicotine in the form of cigarettes, cigars, chewing tobacco, snuff, gum, lozenge or patch? ☐ YES ☐ NO

Listed Health Conditions

- Cancer in any form other than basal cell skin cancer
- Sick cell anemia
- Chronic Obstructive Pulmonary Disease (COPD), emphysema, chronic bronchitis or chronic asthma (excluding mild asthma requiring occasional inhaler use)
- Multiple sclerosis, Parkinson's Disease, systemic lupus, or Lou Gehrig's disease (ALS)
- Uncontrolled high blood pressure or malignant hypertension
- Insulin dependent diabetes
- Kidney disease, liver disease, cirrhosis, chronic hepatitis or hepatitis C
- Stroke, Transient Ischemic Attack (TIA) or mini-stroke
- Alcohol or drug abuse
- Alzheimer's disease, dementia, organic brain syndrome or brain tumor

To Be Answered By The Proposed Insured Only If Applying For A Preferred Plan

In the past **five years** have you been diagnosed with, treated for or taken prescription drugs for:

1. any of the Listed Health Conditions? ☐ YES ☐ NO
2. heart attack, heart disease, or coronary artery disease (not including drugs prescribed for treatment of high blood pressure or high cholesterol)? ☐ YES ☐ NO

Other - To Be Answered By The Proposed Insured

1. Are you a permanent, legal resident of the United States, the United States Protectorates or Canada? ☐ YES ☐ NO
2. Within the past **two years**, have you applied for any other life insurance? ☐ YES ☐ NO
3. Do you have any existing life insurance or annuity contracts in force? (If "Yes" complete Replacement Form) ☐ YES ☐ NO
4. Is this insurance intended to replace any life insurance or annuity contracts now in force? ☐ YES ☐ NO
5. Can Family Heritage Life Insurance Company of America use your name for marketing purposes? ☐ YES ☐ NO

Amount of Insurance \$ _____	Payment <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi Annual <input type="checkbox"/> Annual <input type="checkbox"/> Monthly Pre-Authorized Check Premium Withdrawal Date: _____	Premium and Fees Total \$ _____
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Automatic Premium Loan

Is Automatic Premium Loan Requested? ☐ YES ☐ NO

Special Instructions

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PROPOSED INSURED AND OWNER'S STATEMENT: I have read the completed application. The representations are true to the best of my knowledge and belief. I understand and agree that the insurance applied for shall not be in effect unless the policy is issued by the Company during the Proposed Insured's lifetime. I further understand and agree that the Policy shall not be in effect until all eligibility requirements have been met and not until the Effective Date stated in the Policy. I understand that the information on the application will be relied upon to determine insurability and that incorrect information may result in coverage being voided and the policy rescinded, subject to the policy Incontestability Provision. I understand that the agent has no right to approve the application, change the policy, or waive any policy provision.

I acknowledge receipt of the following:

- Description of Information Practices,
- Fair Credit Reporting Act notification, and
- Disclosure Notice Concerning the Medical Information Bureau

IMPORTANT NOTICE: Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Signature of Proposed Insured	Signature of Proposed Owner	Date
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Signature of Proposed Insured	Signature of Proposed Owner (if other than the Proposed Insured)	Date
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Signature of Proposed Insured	Signature of Proposed Owner	Date
-------------------------------	-----------------------------	------

Application signed in:

City _____ State _____

City _____ State _____

AGENT'S STATEMENT: I certify that I have interviewed the Proposed Insured face-to-face, asked all of the questions contained in the application, accurately recorded the information supplied by the Proposed Insured, and I did not observe nor am I aware of any other information that might affect the insurability or underwriting class of the Proposed Insured. I ☐ **am** ☐ **am not** aware of any existing life insurance or annuity contracts on the life of the Proposed Insured, except as noted herein. Further, to the best of my knowledge and belief, the insurance applied for ☐ **will** ☐ **will not** replace any existing life insurance coverage or annuity contracts.

Date: _____ Signature of Agent: _____ Agent #: _____

Date: _____ Signature of Agent: _____ Agent #: _____

Date: _____ Signature of Agent: _____ Agent #: _____

Order # _____ Signed in: _____

Order # _____ Signed in: _____

City _____ State _____

City _____ State _____

MEDICAL AUTHORIZATION

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person, that has any records or knowledge of me or my health, to give Family Heritage Life Insurance Company of America or its representatives or its reinsurers any such information. I understand that the information will be used to determine my insurability.

I acknowledge that some states and federal law prohibit the further disclosure of drug related or HIV related information without my specific written consent. I hereby authorize Family Heritage its representatives and its reinsurers to further disclose the foregoing information to the extent such disclosure is necessary in order to carry out the purpose of the original disclosure. A copy of this authorization shall be as valid as the original.

I agree that this authorization shall be valid for 24 months from the date signed, and that I or my legal representative may request a copy of it. I understand that I may revoke this authorization at any time by notifying Family Heritage in writing but this right to revoke should not apply to any action taken by Family Heritage prior to receipt of the revocation or to any action taken in reliance upon the existence of the authorization.

Signature

Name (Please Print)

Date

AUTHORIZATION FOR MONTHLY DEDUCTIONS FROM MY ACCOUNT

DRAFT FROM: SAVINGS _____ CHECKING _____ THIRD PARTY _____

ACCOUNT IN THE NAME OF: _____

(Print Name as Shown on Bank Document)

NAME OF BANK AND BRANCH: _____

STREET : _____

CITY : _____

STATE: _____

ACH ROUTING #: _____

ACCOUNT #: _____

I hereby request and authorize you to honor and charge to my account deductions drawn on my account by and payable to Family Heritage Life Insurance Company of America, and to honor credit entries made to my account by Family Heritage. The signatures on such deductions may be either typed or printed. If any such deductions are dishonored, either with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

This authorization shall continue in force until revoked by me in writing and received by you, a copy of which revocation shall be sent by me to Family Heritage Life Insurance Company of America, at the Administrative Office in Frankfort, Kentucky. Family Heritage is instructed to forward authorization to you.

I request that such deductions be drawn on my account on the _____ day of each month.

(Note: the 29th, 30th, and 31st are not available dates)

Date: _____

Signature of Bank Depositor: _____

To: **The Bank Named Above**

So that you may comply with your depositor's request this Company agrees:

1. To indemnify you and hold you harmless from any loss you may suffer as a consequence of your actions resulting from or in connection with the execution and issuance of any check, deduction, draft or order, whether or not genuine, purporting to be executed and received by you in the regular course of business for the purpose of payment, including any costs or expenses reasonably incurred in connection therewith.
2. In the event that any such check, deduction, draft or order shall be dishonored whether intentionally or inadvertently, to indemnify you for any loss even though dishonor results in a forfeiture of the insurance.
3. To defend at our own cost and expense any action which might be brought by any depositor, policyowner, beneficiary or any other persons because of your actions taken pursuant to the foregoing plan of premium collection.



President

Family Heritage Life Insurance Company of America

Affix a Voided Check or Deposit Slip Here

<i>SERFF Tracking Number:</i>	<i>FHLA-125765847</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Family Heritage Life Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>39872</i>
<i>Company Tracking Number:</i>	<i>L2ARAPP-R</i>		
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Individual Whole Life</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: FHLA-125765847 State: Arkansas
Filing Company: Family Heritage Life Insurance Company of America State Tracking Number: 39872
Company Tracking Number: L2ARAPP-R
TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life
Product Name: Individual Whole Life
Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 08/07/2008

Comments:

Attached are the following:

Certification of Compliance with Rule & Regulation 19

Form AR-GUAR, approved by the Dept. on 8/6/1999. Form AR-GUAR is issued to all Arkansas policyholders pursuant to Rule & Regulation 49

Flesch Certification

Form AR-LTR, approved by the Dept. on 8/6/1999. Form AR-LTR is our Consumer Information Notice and will be issued to all Arkansas policyholders.

Attachments:

Reg 19 Cert.pdf

Ar-guar.pdf

Readability Cert.pdf

AR-LTR.pdf

Review Status:

Bypassed -Name: Application 08/07/2008

Bypass Reason: Filing consists only of an application which is attached under the Form Schedule Tab.

Comments:

Review Status:

Bypassed -Name: Life & Annuity - Acturial Memo 08/07/2008

Bypass Reason: Filing consists only of an application.

Comments:

FAMILY HERITAGE[®]
Life Insurance Company Of America

Certification of Compliance with Rule and Regulation 19

I hereby certify that this submission (Form L2AP2-ST, et al) meets the provisions of Rule and Regulation 19 as well as all applicable requirements of the Arkansas Insurance Department.



Signature

Henry G. Grendell

Name

Vice President & General Counsel

Title

August 7, 2008

Date

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Family Heritage Life Insurance Company of America

I hereby certify that Policy Form L2AP2-ST meets the minimum reading ease score on the Flesch Reading Ease Test and that it complies with the requirements of ACA 23-80-206, cited as the Life and Accident and Health Insurance Policy Language Simplification Act.



Signature

Henry G. Grendell

Name

Vice President & General Counsel

Title

August 7, 2008

Date

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rates yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or a similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover. The Guaranty Association cannot pay more than what the insurance company would owe under a policy of contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values – again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Family Heritage Life Insurance Company of America

I hereby certify that Policy Form L2AP2-ST meets the minimum reading ease score on the Flesch Reading Ease Test and that it complies with the requirements of ACA 23-80-206, cited as the Life and Accident and Health Insurance Policy Language Simplification Act.



Signature

Henry G. Grendell

Name

Vice President & General Counsel

Title

August 7, 2008

Date

FAMILY HERITAGE

Life Insurance Company of America

A Southwestern/Great American Company

Dear Insured,

We are here to serve you...

As our policyholder, your satisfaction is very important to us. If you have a question about your policy, if you need assistance with a problem, or if you have a claim, you should contact our Home Office at (440) 922-5222 or write to us at P.O. Box 470608, Cleveland, OH 44147. Should you have a valid claim, we fully expect to provide a fair settlement in a timely fashion.

Should you feel you are not being treated fairly with respect to a claim, you may contact the Arkansas Department of Insurance with your complaint.

To contact the Department, write or call:

Consumer Services Division
Arkansas Insurance Department
1200 W. 3rd Street
Little Rock, AR 72201-1904
(501) 371-2640 or 1-800-852-5494

(440) 922-5222

FAX: (440) 922-5223

P.O. Box 470608 • Cleveland, Ohio 44147

